

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -3 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **824414** (7)

1. Corporation Name
M.A. BRUDER & SONS, INCORPORATED

Principal Place of Business Mailing Address
600 REED ROAD BROOMALL PA 19008-3505

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/21/1970** 3a. Date of Last Report **08/12/1994**
4. FEI Number **23-1275778** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
State, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent Signature required when registering. DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------|
| TITLE | PD |
| NAME | BRUDER, THOMAS A. JR. |
| STREET ADDRESS | 600 REED RD. |
| CITY- ST- ZIP | BROOMALL PA |
| TITLE | V |
| NAME | WINTERS, DAVID R. |
| STREET ADDRESS | 600 REED RD. |
| CITY- ST- ZIP | BROOMALL PA |
| TITLE | VD |
| NAME | BRUDER, JAMES J |
| STREET ADDRESS | 600 REED RD. |
| CITY- ST- ZIP | BROOMALL PA |
| TITLE | VD |
| NAME | BRUDER, MICHAEL A. |
| STREET ADDRESS | 600 REED ROAD |
| CITY- ST- ZIP | BROOMALL PA |
| TITLE | S |
| NAME | BRUDER, THOMAS A |
| STREET ADDRESS | 210 JAMES DRIVE |
| CITY- ST- ZIP | WESTCHESTER PA |
| TITLE | AST |
| NAME | BURNS, FRANCIS P. |
| STREET ADDRESS | 604 WILDE AVE |
| CITY- ST- ZIP | DREXEL HILL PA |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY- ST- ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY- ST- ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY- ST- ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY- ST- ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY- ST- ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY- ST- ZIP | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (2)(3)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my registration shall have the same legal effect as if made under oath. That I am authorized by the corporation to receive or furnish information to complete this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report, or on an attachment, with an address.

SIGNATURE: *Francis P. Burns* **Francis P. Burns** 2-21-95 (610)353-5100
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR DATE